

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: M0006

Date of Visit: 8/5/19

Contractor Personnel on Site:

1. Scott Werry

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 6784, 6828, 6855, 6856, 6857, 6980, 7034, 7039, 7040, 3018
2. 3126, 3105, 3117, 3369
3. \_\_\_\_\_
4. 10210 10427 10186

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 8/5/19

Signed: Scott Werry

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Jesse A. Schultz ARA Date: 2019 0805

Signed: Jesse Schultz

OTHER RECURRING SERVICES CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: M0006 Date of Visit: 8/5/19

Contractor Personnel on Site:

1. Scott Werry 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 7446, 7451, 7525  
2. \_\_\_\_\_  
3. 15323  
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/5/19  
Signed: Scott Werry

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Jesse A. Schulte ARA Date: 20190805  
Signed: Jesse Schulte

E-Mail: \_\_\_\_\_

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
LIGHTING, OUTSIDE

SITE AND BLDG #: MD 006-1

LOCATION/RM #: MCP WO# 10368 ASSET # 7446

MECHANIC  
SIGNATURE:

START TIME:

5:00A.M

DATE:

8/15/10

FINISH TIME: 5:15AM

| ITEM | DESCRIPTION  | SPECIAL INSTRUCTIONS                |                                     | NOTES/COMMENTS (OPTIONAL) |
|------|--|-------------------------------------|-------------------------------------|---------------------------|
|      |  | YES                                 | NO                                  |                           |
| 1    | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 2    | Schedule and coordinate work with operating personnel.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 3    | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 4    | Open and tag switch.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 5    | Inspect visual condition of wiring. Look for evidence of overheating.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 6    | Check for proper light operation.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 7    | Test operation of automatic switches/ time clock/ photocells if applicable.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 8    | Inspect light pole and mounting devices for deficiencies.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| 9    | For any noted deficiency, takes pictures and open corrective maintenance ticket.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.  
 To be performed by: General Maintenance Worker  
 Additional Notes:

3 R Double

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
LIGHTING, OUTSIDE

SITE AND BLDG #: MD 006-0

LOCATION/RM #: MEP WO# 10369 ASSET # 7457

MECHANIC  
SIGNATURE:

START TIME: 5:00 AM

DATE: 8/8/18

FINISH TIME: 5:15 AM

| ITEM # | DESCRIPTION  | MECHANIC COMMENTS                   |                                     | NOTES/ACTIONS |
|--------|--|-------------------------------------|-------------------------------------|---------------|
|        |  | YES                                 | NO                                  |               |
| 1      | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 2      | Schedule and coordinate work with operating personnel.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 3      | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 4      | Open and tag switch.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 5      | Inspect visual condition of wiring. Look for evidence of overheating.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 6      | Check for proper light operation.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 7      | Test operation of automatic switches/time clock/photocells if applicable.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 8      | Inspect light pole and mounting devices for deficiencies.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |
| 9      | For any noted deficiency, takes pictures and open corrective maintenance ticket.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.  
 To be performed by: General Maintenance Worker  
 Additional Notes:

4 R Double

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
GATES, FENCES, SECURITY AND ACCESS

SITE AND BLDG #: M006-0

LOCATION/RM #: M-0 WO# 10369

ASSET # 7025

MECHANIC  
SIGNATURE: *Scot D. Miller*

DATE: 8/16/18

FINISH TIME: 8:55

| CHECK<br>LIST   | DESCRIPTION   | PARK<br>COMPLETED<br>YEST<br>NO | NOTES / ACTIONS   |  |  |
|---|---|---------------------------------|---|--|--|
|   |   |                                 | GATES   |  |  |
| 1   | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered. |                                 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. |  |  |
| 2   | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                   |                                 |   |  |  |
| 3   | Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.  |                                 |   |  |  |
| 4   | Check all locking devices. Lubricate as required.   |                                 |   |  |  |
| 5   | Inspect center gate support rollers and lubricate as required.  |                                 |   |  |  |
| 6   | Clean roller track of any debris.   |                                 |   |  |  |
| 7   | Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.  |                                 |   |  |  |
| 8   | Check for any obstructions that retard full swing or movement of the gate.  |                                 |   |  |  |
| 9   | Check that shrubs and trees are pruned clear of gate.   |                                 |   |  |  |
| 10  | Check hold open devices for proper operation. Lubricate as required.  |                                 |   |  |  |
| 11  | Check posts and corner posts, support guys, and horizontal bars between each support post.  |                                 |   |  |  |
| 12  | Check wire and anchor point; re-stretch and re-anchor if necessary.   |                                 |   |  |  |
| 13  | Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.  |                                 |   |  |  |
| 14  | Treat with galvanized protectant where rust has developed.  |                                 |   |  |  |
| 15  | If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).    |                                 |   |  |  |
| 16  | Check that shrubs and trees are pruned clear of fencing.  |                                 |   |  |  |
| TO BE INFORMED IMMEDIATELY IF INSPECTION SERVICE<br>IS REQUIRED |   |                                 |   |  |  |
| FENCE   |   |                                 |   |  |  |
| 1   | Check posts and corner posts, support guys, and horizontal bars between each support post.  |                                 |   |  |  |
| 2   | Check wire and anchor point; re-stretch and re-anchor if necessary.   |                                 |   |  |  |
| 3   | Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.  |                                 |   |  |  |
| 4   | Treat with galvanized protectant where rust has developed.  |                                 |   |  |  |
| 5   | If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).    |                                 |   |  |  |
| 6   | Check that shrubs and trees are pruned clear of fencing.  |                                 |   |  |  |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

Additional Notes:

to be performed by: General Maintenance Worker

ENTRANCE

Gate